Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS3641HOS	A. BUILDING _____ B. WING _____	C 10/28/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHERN HILLS HOSPITAL & MEDICAL CENTER	9300 WEST SUNSET LAS VEGAS, NV 89148

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Surveyor: 27469 This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 10/27/09 and finalized on 10/28/09, in accordance with Nevada Administrative Code, Chapter 449, Hospitals. Complaint #NV00022866 was unsubstantiated. Complaint #NV00022432 was unsubstantiated. Complaint #NV00022674 was substantiated with deficiencies cited. (See Tag S 134) A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The following deficiencies were identified:	S 000		
S 134 SS=D	NAC 449.329 Admission of Patients 2. Ensure that each patient, or the parent, guardian or other person legally responsible for the patient, receives information about the proposed care of the patient.	S 134		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 134	Continued From page 1 This Regulation is not met as evidenced by: Surveyor: 26855 Based on interview, record review and document review the facility failed to ensure a patient scheduled for surgery received information regarding a significant delay in the surgical procedure and the proposed care of the patient for 1 of 3 patients. (Patient #1) Severity: 2 Scope: 1 Complaint #NV00022674	S 134		